Mr. John Wilkinson

Shaw Village Dental Practice

Inspection Report

Unit 6 Ramleaze House
Shaw Village Centre, Ramleaze Drive
Swindon
Wiltshire
SN5 5PY
Tel: 01793 877422
Website: www.shawvillagedentalpractice.co.uk

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Overall summary

We carried out this announced inspection on 11 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Shaw Village Dental Practice is in the North West of Swindon and provides private treatment to adults and children.

The practice is situated above a commercial business and is accessed up a flight of stairs. The practice informs all new patients wishing to register that they are not wheelchair accessible and signposts patients that cannot manage the stairs to a nearby practice. There is a free car park directly outside the practice which has spaces available for blue badge holders.

Summary of findings

The dental team includes three dentists, two dental nurses, two dental hygienists, one receptionist and one practice administrator. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 26 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, one dental hygienist and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.30pm and Friday from 9am to 2.30pm.

Our key findings were:

- The practice appeared clean and well maintained although we were not shown cleaning schedules and there was only one mop in use. We were sent copies of the cleaning schedule and advised additional mops had been ordered in line with the cleaning schedule following our visit.
- The provider had infection control procedures which mostly reflected published guidance. The practice had not completed any testing on the ultrasonic machine.
- Not all equipment had been serviced in line with manufacturers guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of buccal midazolam. We found out of date self-inflating bags and masks and the oxygen cylinder was not the correct size as outlined in the resuscitation council guidelines. These items were immediately ordered and replaced.
- The practice had some systems to help them manage risk to patients and staff. The practice had failed to implement recommendations following a legionella risk assessment.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. We found that one staff member had not received a disclosure and barring service check and photographic identification was not on file for all staff members.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice did not complete audits of various aspects of the service, such as radiography, record keeping and infection prevention and control at regular intervals to help improve the quality of service.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and

Summary of findings

Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

We found that the systems and processes designed to support the delivery of safe care and treatment were either not in place or not operating effectively.

The practice had completed a legionella risk assessment in 2012 however they had failed to complete any of the recorded actions or to review the risk assessment.

The practice used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed some essential recruitment checks. We found that one staff member had not received a disclosure and barring service check and photographic identification was not available for all staff members. We were assured these documents would be put in place following our visit.

Premises and equipment were clean and mostly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, although we identified some areas that required review. The provider contacted us after our inspection and provided updates regarding servicing and testing of equipment which had been scheduled.

The practice had suitable arrangements for dealing with medical and other emergencies. We found that some items of equipment were missing and out of date on the day of the inspection, these were obtained afterwards.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and provided with the upmost care. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists through a clear care pathway.

Summary of findings

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Although the practice did not have a referral log to enable them to monitor and track referrals, this was implemented following our visit.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action 

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, understanding and really good with children.

Patients said that they were given helpful advice, that everything was explained clearly, and their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action 

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice was situated above a commercial business and was accessed up a flight of stairs. Due to the building constraints wheelchair access was not possible. The practice informed all new patients wishing to register that they were not wheelchair accessible and would signpost patients that could not manage the stairs to a nearby practice.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Summary of findings

There were responsibilities and roles to support governance and management. However, we identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, there were no systems or processes relating to safety alerts from the Medicines and Healthcare products Regulatory Agency.

The practice had a system of clinical governance in place which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not complete audits of various aspects of the service, such as radiography, record keeping and infection prevention and control at regular intervals to help improve the quality of service.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored patient and staff feedback to help them seek opportunity for improvements. Patient satisfaction survey results were consistently positive.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The practice had a recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at nine staff recruitment records. These showed the practice mostly followed their recruitment procedure. We found that the practice had not obtained a disclosure and barring service check for one staff member. Photographic identification was not on available for five staff members. We were assured these documents would be put in place following our visit.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities were safe however not all equipment was maintained according to manufacturers' instructions. For example, the velopex machine and the air conditioning units had no record of being serviced. The practice had not completed any testing on the ultrasonic machine and we were not shown a gas safety certificate.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were tested on a weekly basis and firefighting equipment, was regularly serviced. The fire alarm and emergency lighting was last serviced in 2014 although the report highlighted that the next service should be completed within three years.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the most of the required information in their radiation protection file. Local rules for each machine were on display in line with the current regulations. Missing information such as evidence that the provider had registered with the Health and Safety Executive was sent to us following our visit.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had not completed radiography audits every year following current guidance and legislation, the most recent audit was from 2014.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance, with the exception of buccal midazolam. We found out of date self-inflating bags and masks and the oxygen cylinder was not the correct size as outlined in the resuscitation council guidelines. These items were immediately ordered and replaced. Staff kept records of their emergency medicines checks to make sure these were available, within their expiry date, and in working order. The practice checks did not include all of the equipment such as the self-inflating bags and masks.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The hygienists worked without chairside support and the team discussed how this would be managed at a staff meeting in 2013 although there was no formal risk assessment to support this. We were informed this would be implemented following our visit.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and/or agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice had not completed any protein or foil tests on the ultrasonic machine to ensure that instruments were being cleaned effectively.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in 2012. However not all of the recommendations had been actioned such as checking the water temperatures and servicing the air conditioning units. Procedures for dental unit water line management and dip slide testing were in place. Following our visit, the practice scheduled a follow up legionella risk assessment.

The practice was clean when we inspected and patients confirmed that this was usual. The practice administrator told us that the practice used an external company for the general cleaning of the premises. We were not shown cleaning schedules for the premises, these were sent to us after our visit. We found that the cleaner was only using one mop to clean all areas of the premises. This was not in accordance with recognised guidance and compromised infection control. We were advised that the appropriate mops had been ordered following our visit.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice did not complete infection prevention and control audits twice a year. We were only shown one audit which was not dated. After our inspection, the provider told us that they would undertake an audit every six months.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care

Are services safe?

records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The medicines were not stored securely at the time of our visit however this was rectified immediately.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been two safety incidents reported. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on patient safety alerts. Alerts were sent to a practice email address. We were informed that the practice administrator received these and took action if any alerts were relevant to the dental setting. They recalled the details of some alerts that had been issued. A log had not been maintained of alerts to show that they had been checked and any action taken as necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The practice was committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists through a clear care pathway. The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice had not completed any audits of patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice utilised the skills of two dental hygienists.

The practice team mostly consisted of long standing members of staff. We were told that staff new to the practice would receive a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice did not have a referral log to enable them to monitor and track referrals. This was implemented following our visit.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, understanding and really good with children. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. One of the dentists offered homeopathic remedies to help patients that were particularly anxious or nervous. In addition to this, the medical history form had been updated to include questions to establish patient anxiety levels to enable the practice to support nervous patients.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice, currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice administrator informed us that several patients would call the practice if they required assistance with escorting children or push chairs up the stairs. A chair had been placed at the low-level section of the reception desk for patients with limited mobility.

The practice was situated above a commercial business and was accessed a flight of stairs. Due to the building constraints wheelchair access was not possible. The practice informed all new patients wishing to register that unfortunately they were not wheelchair accessible and would signpost patients that could not manage the stairs to a nearby practice.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Staff told us that they used text messaging to remind patients they had an appointment.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice made their own arrangements to provide an emergency on call service for their patients. During holiday periods they had an arrangement with a local practice to cover any on call service.

The practices' website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice administrator was responsible for dealing with these. Staff would tell the practice administrator about any formal or informal comments or concerns straight away so patients received a quick response.

The practice administrator aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past five years.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice administrator was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The principal dentist was in the process of recruiting a practice manager.

We identified several systems and processes which were not working effectively. These included not ensuring that all equipment was routinely tested or serviced, failing to complete regular clinical audits and not completing recommendations highlighted in the legionella risk assessment. The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.

We were told that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

We were told that the principal dentist would take action to do deal with poor performance if the need arose.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice administrator was responsible for the day to day running of the service.

Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were some effective processes for managing risks, issues and performance. We identified areas that required improvement such as ensuring that all equipment was routinely tested or serviced. The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare products Regulatory Agency.

Appropriate and accurate information

We found that some of the practice systems required review to ensure that they always acted on appropriate and accurate information, such as water temperature checks for legionella.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used surveys and a suggestions box to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice had renamed a treatment code on the printed appointment cards and changed the selection of magazines following patient feedback.

The practice used an external company to complete patient satisfaction surveys every three years. Results of the most recent survey completed in May 2016 were positive

Are services well-led?

with comments such as: 'staff are always friendly, polite, welcoming and smiley', 'I have a complete level of trust in my dentist', 'excellent on all counts and the dentist is extremely knowledgeable'.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

The practice did not complete audits of various aspects of the service, such as radiography, record keeping and infection prevention and control at regular intervals to help improve the quality of service. This resulted in the practice not having quality assurance processes to encourage learning and continuous improvement.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The employed team members had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular:** • Audit activity had been limited; infection prevention and control audits were not completed twice a year, we were only shown one audit and this was not dated. The most recent radiography audit had been completed in 2014. **There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • The provider had not implemented a system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. • The provider had not completed any of the recommendations highlighted in the legionella risk assessment. • The provider had failed to routinely service and /or test equipment such as the air conditioning units, the velopex machine, the ultrasonic machine, the gas boiler and the fire alarm and emergency lighting.